

Aims and Objectives: 1

- To measure if inadequate prescription is a factor contributing to Increased requirement of Continuous Interventions (CIs) in the hospital, leading to staffing crisis.
- To ensure good prescription practice and review of tranquilisers, so that risk of harm within inpatient unit is minimised and patients' dignity and safety is preserved. This also allows patients to participate in further assessment and treatment.
- Anticipating and reducing the risk of violence to ensure patient care and to preserve staff morale.

Background: 2

- The Royal Cornhill Hospital was going through an acute phase of significant clinical pressure with high levels of CI's across the inpatient wards.
- An Audit on prn (Pro. re. nata - as required Medications), RT (Rapid Tranquilizers) prescribing practice would be more useful at this time.

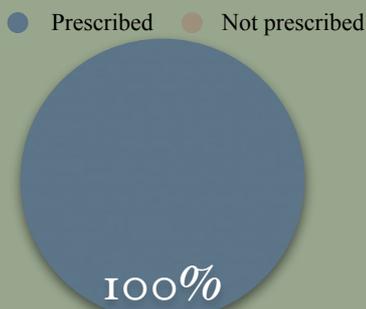
Sample Selection: 3

- Patients in General Adult, Forensic and Old Age wards on CI for disturbed behaviour secondary to psychotic illness
- Final Sample size = 8

Method: 4

- Data collected initially on 13/06/2025 on the patients who were on CI that day for disturbed behaviour due to a psychotic illness.
- Their prescriptions were reviewed for the prn, Pre RT and RT medications, if they were in line with the Local Policy, with appropriate medications prescribed at right dose with clear instructions on frequency, maximum dose and sequence of administration.

No. Of patients prescribed First line RTs/ preRTS 5

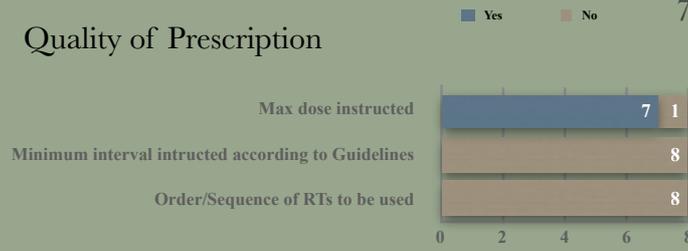


All Patients were noted to be prescribed first line RT/pre-RT

Method: 6

- Second set of data collection on 23/06/2025 to see if the patients were reviewed appropriately by clinicians and if alternate medications were considered when first line failed. And to see if the patients were still requiring CIs.

Quality of Prescription 7



Adequately Reviewed ? 8



Alternatives considered 9

	No. of patients who Required	Adequately Prescribed	Not Prescribed
Third line RT	5	5	0
Regular Antipsychotic	8	8	0
Regular/ Prn Benzo/ Promethazine	8	8	0

Alternatives considered 10

	Required	Prescribed	Not Prescribed
* Zuclophenthixol acetate (Clopixol Acuphase®)	1	1	0

Results: 11

- All the prescriptions audited were noted to have appropriate RTs/PreRTs/prns prescribed in adequate doses.
- Lack of clear instructions on maximum dose, minimum interval, and sequence of administration were noted.
- Minimum interval for RTs and PreRTs were noted to be not in line with Local Guidelines.
- Patients who received RT were not always reviewed on a daily basis by a senior doctor as advised in the guidelines. However, reviewed regularly in weekly meetings.
- Alternative medications were always considered when first line failed.
- Prns and Regular Antipsychotics were always prescribed in adequate doses.
- Limited correlation was noted between adequate prescribing and patients coming off CIs quicker, as many were noted to continue on CI despite adequate medication.

Alternatives considered 12



Alternatives considered every time, first line failed.

Limitations: 13

- Selection criteria included only the patients on CI with disturbed behaviour due to psychotic illness. Other causes of disturbed behaviour like dementia, traumatic brain injury, personality disorders, learning disability etc was not studied.
- Small sample size.

- Measured only the effect of medical management. Effect of other treatment modalities was not included within the scope of this audit.

Suggestions: 14

- Dispersing educational materials.
- Changes to electronic prescribing system to include specific spaces for maximum dose, minimum interval etc
- Re-audit to evaluate changes.